

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.	10/60616	FILING DATE
APPLICANT(S)		

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1		1				
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
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44		1				
45	1					
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND	3					
TOTAL DEP	47					
TOTAL CLAIMS	50					

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
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